FORM PTO-1083



In re application of:

Yusuke TSUTSUI et al. Serial No: 09/832,167

Confirmation No: 8829 Filed: April 9, 2001

Method and Circuit for Driving Display Device

Mail Stop RCE Commissioner for P.O. Box 1450 Alexandria, VA

Dear Sir:

Transmitted her

A Request for Continued Examination (RCE) is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	Commissioner for Patents
	P.O. Box 1450
	Alexandria, VA 22313-1450, on
for Patents	February 2, 2005
	Date of Deposity
22313-1450	John P. Scheracher, Reg. No. 23,009
	Name //
·	John V./ Toherlah 02/02/05
	S ignature Date
rewith is an amendment in the above-identified application.	/ / /

Art Unit:

Examiner:

2675

Kumar, S.K.

Mail Stop RCE

I hereby certify that this correspondence is

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	50	-20	44	**	6	LG=\$50 SM=\$25	\$50	\$	300
INDEPENDENT CLAIMS FEE	6	-3	6	***	0	LG=\$200 SM=\$100	\$200	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$	0
		٠,.					TOTAL	\$	300

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

Please charge the fee of \$ 300 to cover the additional claims fee. A copy of this sheet is enclosed.

A check in the amount of \$_-0- to cover the extension fee is enclosed. A copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, HOGAN & HARTSON L.L.P.

Date: February 2, 2005

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Telephone: 213 337-6700 Facsimile: 213 337-6701

John P. Scherlacher Registration No. 23,009 Attorney for Applicant(s)

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.